

2003-04 Questionnaire

SLEEP DISORDERS- SLQ_C

BOX 1

CHECK ITEM SLQ.NEW01:

IF SP AGE >= 16, CONTINUE.

OTHERWISE, GO TO NEXT SECTION.

SLQ.NEW05 How much sleep do {you/SP} usually get at night (or in your/his/her main sleep period) on weekdays or workdays?

____ hours ____ minutes

SLQ.NEW10 How long does it usually take {you/SP} to fall asleep at bedtime?

____ hours ____ minutes

SLQ.NEW15 **In the past 12 months**, how often {do you/does SP} snore while {you are/he/she is} sleeping?

Never.....0
Rarely (1-2 nights/week).....1
Occasionally (3-4 nights/week).....2
Frequently (5 or more nights/week)....3
REFUSED.....7
DON'T KNOW.....9

SLQ.NEW20 **In the past 12 months**, how often {do you/does SP} snort, gasp, or stop breathing while {you are he/she is} asleep?

Never.....0
Rarely (1-2 nights/week).....1
Occasionally (3-4 nights/week).....2
Frequently (5 or more nights/week)....3
REFUSED.....7
DON'T KNOW.....9

SLQ.NEW25 Have {**you/SP**} **ever told** a doctor or other health professional that {you have he/she has} trouble sleeping?

Yes.....1
No..... 2
REFUSED..... 7
DON'T KNOW.....9

SLQ.NEW30 Have {**you/SP ever been told**} by a doctor or other health professional that {you have he/she has} a sleep disorder?

Yes.....1
No..... 2 (SLQ.NEW85)
REFUSED..... 7 (SLQ.NEW85)
DON'T KNOW.....9 (SLQ.NEW85)

SLQ.NEW35 What was the sleep disorder? (Check all that apply)

Sleep Apnea.....1
Insomnia..... 2
Restless legs....3
Other..... 4
REFUSED.....7
DON'T KNOW...9

This next set of questions is about {your/SP} sleeping habits **in the past month**.

INTERVIEW INSTRUCTION: USE HANDCARD SLQ1 FOR SLQ.NEW05- SLQ045

SLQ.NEW40 {In the past month how often did you/SP} have trouble falling asleep?

Never0
Rarely – 1 time a month.....1
Sometimes – 2-4 times a month..... 2
Often – 5-15 times a month.....3
Almost Always – 16-30 times a month.....4
REFUSED.....7
DON'T KNOW.....9

SLQ.NEW45 {In the past month how often did you/SP} wake up during the night and have trouble getting back to sleep?

Never0
Rarely – 1 time a month.....1
Sometimes – 2-4 times a month..... 2
Often – 5-15 times a month.....3
Almost Always – 16-30 times a month.....4
REFUSED.....7
DON'T KNOW.....9

SLQ.NEW50 {In the past month how often did you/SP} wake up too early in the morning and be unable to get back to sleep?

Never0
Rarely – 1 time a month.....1
Sometimes – 2-4 times a month..... 2
Often – 5-15 times a month.....3
Almost Always – 16-30 times a month.....4
REFUSED.....7
DON'T KNOW.....9

SLQ.NEW55 {in the past month how often did you/SP} feel unrested during the day, no matter how many hours of sleep you have had?

Never0
Rarely – 1 time a month.....1
Sometimes – 2-4 times a month..... 2
Often – 5-15 times a month.....3
Almost Always – 16-30 times a month.....4
REFUSED.....7

DON'T KNOW.....9

SLQ.NEW60 {In the past month how often did you/SP} feel excessively (or overly) sleepy during the day?

Never0
Rarely – 1 time a month.....1
Sometimes – 2-4 times a month..... 2
Often – 5-15 times a month.....3
Almost Always – 16-30 times a month.....4
REFUSED.....7
DON'T KNOW.....9

SLQ.NEW65 {in the past month how often did you/SP} not get enough sleep?

Never0
Rarely – 1 time a month.....1
Sometimes – 2-4 times a month..... 2
Often – 5-15 times a month.....3
Almost Always – 16-30 times a month.....4
REFUSED.....7
DON'T KNOW.....9

SLQ.NEW70 {In the past month how often did you/SP} take sleeping pills or other medication to help you sleep?

Never0
Rarely – 1 time a month.....1
Sometimes – 2-4 times a month..... 2
Often – 5-15 times a month.....3
Almost Always – 16-30 times a month.....4
REFUSED.....7
DON'T KNOW.....9

SLQ.NEW75 {In the past month how often do you/SP} have leg jerks while trying to sleep?

Never0
Rarely – 1 time a month.....1
Sometimes – 2-4 times a month..... 2
Often – 5-15 times a month.....3
Almost Always – 16-30 times a month.....4
REFUSED.....7
DON'T KNOW.....9

SLQ.NEW80 {In the past month how often do you/SP} have leg cramps while trying to sleep?

Never0
Rarely – 1 time a month.....1
Sometimes – 2-4 times a month..... 2
Often – 5-15 times a month.....3
Almost Always – 16-30 times a month.....4
REFUSED.....7
DON'T KNOW.....9

SLQ.NEW85 The purpose of this next set of questions is to find out if {you/SP} generally {have /has} difficulty carrying out certain activities because {you/he/she} are too tired or sleepy. When the words "sleepy" or "tired" are used, it means the feeling that you can't keep your eyes open, your head is droopy, that you want to "nod off" or that you feel the urge to take a nap. The words do not refer to the tired or fatigued feeling you may have after you have exercised.

INTERVIEWER INSTRUCTION: USE HAND CARD SLQ2 FOR SLQ.NEW85-SLQ.NEW120

Do {you/SP} have difficulty concentrating on the things you do because {you feel /he/she feels} sleepy or tired?

Don't do this activity for other reasons.....1
No difficulty.....2
Yes, a little difficulty 3
Yes, moderate difficulty.....4
Yes, extreme difficulty.....5
REFUSED..... 7
DON'T KNOW..... 9

SLQ.NEW90 Do {you/SP} generally have difficulty remembering things, because {you are he/she is} sleepy or tired?

Don't do this activity for other reasons.....1
No difficulty.....2
Yes, a little difficulty 3
Yes, moderate difficulty.....4
Yes, extreme difficulty.....5
REFUSED..... 7
DON'T KNOW..... 9

SLQ.NEW95 Do {you /he/she} have difficulty finishing a meal because {you/she/he} become sleepy or tired?

Don't do this activity for other reasons.....1
No difficulty.....2
Yes, a little difficulty 3
Yes, moderate difficulty.....4
Yes, extreme difficulty.....5
REFUSED..... 7
DON'T KNOW..... 9

SLQ.NEW100 Do {you/he/she} have difficulty working on a hobby (for example, sewing, collecting, gardening) because {you are /she/he is} sleepy or tired?

Don't do this activity for other reasons.....1
No difficulty.....2
Yes, a little difficulty 3
Yes, moderate difficulty.....4
Yes, extreme difficulty.....5
REFUSED..... 7
DON'T KNOW..... 9

SLQ.NEW105 Do {you/he/she} have difficulty getting things done because {you are /she/he is} too sleepy or tired to drive or take public transportation?

Don't do this activity for other reasons.....1
No difficulty.....2
Yes, a little difficulty 3
Yes, moderate difficulty.....4
Yes, extreme difficulty.....5
REFUSED..... 7
DON'T KNOW..... 9

SLQ.NEW110 Do {you/he/she} have difficulty taking care of financial affairs and doing paperwork (for example, paying bills or keeping financial records) because {you are /she/he is} sleepy or tired?

(IF 15<AGE<20: Do {you/he/she} have difficulty doing **homework or** paperwork (for example, paying bills or keeping financial records) because {you are /she/he is} sleepy or tired?)

Don't do this activity for other reasons.....1
No difficulty.....2
Yes, a little difficulty 3
Yes, moderate difficulty.....4
Yes, extreme difficulty.....5
REFUSED..... 7
DON'T KNOW..... 9

SLQ.NEW115 Do {you/he/she} have difficulty performing employed or volunteer work because {you are/she/he is} sleepy or tired?

(If 15<AGE<20 Do {you/he/she} have difficulty performing employed or volunteer work **or attending school** because {you are/she/he is} sleepy or tired?)

Don't do this activity for other reasons.....1
No difficulty.....2
Yes, a little difficulty 3
Yes, moderate difficulty.....4
Yes, extreme difficulty.....5
REFUSED..... 7
DON'T KNOW..... 9

SLQ.NEW120 Do {you/he/she} have difficulty maintaining a telephone conversation because {you become/he/she becomes} sleepy or tired?

Don't do this activity for other reasons.....1
No difficulty.....2
Yes, a little difficulty 3
Yes, moderate difficulty.....4
Yes, extreme difficulty.....5
REFUSED..... 7
DON'T KNOW..... 9

HAND CARD SLQ1

Never

Rarely

Sometimes

Almost Always

HAND CARD SLQ2

Don't do this activity for other reasons

No difficulty

Yes, a little difficulty

Yes, moderate difficulty

Yes, extreme difficulty